

INTERNAL MANAGEMENT POLICY & PROCEDURE

Applicability: _ ADULT Operations Only _ JUVENILE Operations Only X DEPARTMENT-WIDE

IMPP #: 20-108D PAGE #: 1 of 3

SEGREGATION/ RESTRICTIVE HOUSING: Protective Custody

Original Date Issued: N/A Replaces IMPP Issued: N/A CURRENT EFFECTIVE DATE: 07-01-22

Approved By: 50

Secretary Nex

Next Scheduled Review: 02/2025

POLICY

Protective Custody (PC) is a housing assignment that separates an individual from the general population for that individual's safety. An incarcerated individuals' situation, circumstances, or behaviors may contribute to the need for protection. Most can correct such behaviors and successfully return to the general population. In most cases, the goal is to integrate the individual back into general population when it is reasonable and safe to do so.

The KDOC provides those in protective custody, to the extent possible, the same access to education, treatment, recreation, and amenities as those of the same custody level.

As such, each facility must operate a protective custody program as an adjunct to the facility's administrative restrictive housing unit.

DEFINITIONS

Modified Operational Unit: A term used to describe housing which modifies operations to allow limited engagement with general population residents; however, to the extent possible allows the same access to education, treatment, recreation, and amenities as those of the same custody level.

<u>Protective Custody</u>: Housing in administrative restrictive housing or modified operational units for residents requiring protection from others until reintegration into a general population environment is facilitated.

<u>Restrictive Housing:</u> A generic term used to describe housing which separates residents from the general population for both administrative and disciplinary purposes.

PROCEDURES

I. Protective Custody

- A. Admission to Administrative Restrictive Housing classified as protective custody is to be made only when there is documentation that protective custody is warranted and that a reasonable alternative is not available.
 - 1. For juvenile services, the request is to be reviewed and approved by the Superintendent or designee.
 - 2. The restrictive housing review board is to review protective custody cases with a goal of reintegration to general population as soon as possible.
- B. The resident is to sign a consent form.

- 1. <u>JUVENILE</u>: Protective Custody Request form (Attachment A), agreeing to protective custody when the resident requests the placement.
 - a. The resident's treatment team is to develop a special management plan to assure safety and continuous services and programming. Continued confinement after 72 hours is approved by the Superintendent.
 - b. If the resident does not consent to the protective custody placement, a hearing is to be held according to IMPP 20-105J.
- 2. <u>ADULT</u>: The Warden or shift supervisor, at their discretion, can order immediate restrictive housing status when it is necessary to protect the resident or others. The status is to be reviewed within 72 hours by the Classification Administrator.
- C. The reasons for protective custody must be documented.
- D. Protective custody is to be for as short a time period as possible under the circumstances.
 - 1. Long-term protective custody is to be documented and monitored.
- E. Each denial of protective custody is to be documented showing the reason justifying the denial.
 - Such denial and the reason justifying shall be the basis for the Restrictive Housing Review
 Board to look at an appropriate reintegration plan to include placement into a modified
 operational unit. Case management engagement with the resident to include an
 individualized reintegration plan shall be completed to assist in discharge from Restrictive
 Housing as appropriate.
- F. Each protective custody resident who is involuntarily released is to be informed of the reasons for release.
 - 1. **ADULT:** This notification is to be documented by the unit team manager or designee.
 - JUVENILE: This notification shall be documented by the Corrections Counselor II or designee.

NOTE: The policy and procedures set forth herein are intended to establish directives and guidelines for staff, residents, and residents and those entities that are contractually bound to adhere to them. They are not intended to establish State created liberty interests for employees, residents, residents, or an independent duty owed by the Department of Corrections to employees, residents, residents, or third parties. Similarly, those references to the standards of various accrediting entities as may be contained within this document are included solely to manifest the commonality of purpose and direction as shared by the content of the document and the content of the referenced standards. Any such references within this document neither imply accredited status by a Departmental facility or organizational unit, nor indicate compliance with the standards so cited. The policy and procedures contained within this document are intended to be compliant with all applicable statutes and/or regulatory requirements of the Federal Government and the state of Kansas. This policy and procedure is not intended to establish or create new constitutional rights or to enlarge or expand upon existing constitutional rights or duties.

REPORTS REQUIRED

None.

REFERENCES

IMPP 20-105J

HISTORY

07-01-22 Original

ATTACHMENTS

Attachment	Title of Attachment	Page Total
Α	Protective Custody Request – Juvenile Services	1 page

JUVENILE SERVICES KANSAS DEPARTMENT OF CORRECTIONS PROTECTIVE CUSTODY REQUEST

Resident's Name:	KDOC Number:
DATE/TIME OF REQUEST:	
TYPE OF REQUEST: (check one)	
☐ REQUEST FOR ADMISSION TO PROTEC	CTIVE CUSTODY
□ REQUEST FOR RELEASE FROM PROTE	ECTIVE CUSTODY
REASON FOR REQUEST:	
□ I CONSENT to protective custody placement.	□ I WAIVE protective custody and request release.
Resident's Signature	Date
Shift Supervisor's Signature	Date
SUPERINTENDE	NT'S REVIEW/DECISION
Concur with resident's request for admissi	ion to protective custody for the following reasons
□ Concur with resident's request for release from pro	ntective custody for the following reasons:
□ Protective custody denied / discontinued (<i>circle</i> o	ne) for the following reasons:
•	ature Date
Date/Time Resident Released from Restrictive Housing	ng:Unit Transferred to:
Date/Time Conv Given to Pecident:	Name of Officer Delivering Results: